EXHIBIT #2

Key Areas of Change in HFS 75 Community Substance Abuse Services Standards

Following are the key areas of change addressed in HFS 75 Community Substance Abuse Services Standards:

- **Purpose for HFS 75.**
- **Certifying services rather than programs.**
- **Written policy requirements updated to meet changes in state and federal requirements.**
- **Requires the application of Uniform Placement Criteria (UPC) in determining a patient's level of care placement.**
- **Applicability of HFS 75 including how HFS 61.50 - 61.68 interfaces with HFS 75.**
- **Changes in Definitions and General Requirements sections.**
- **Knowledge of psychopharmacology and addiction treatment requirement for clinical supervisors.**
- **Process for meeting clinical supervision requirements.**
- **"Grand-person" provisions of HFS 75.02 (11) (f) and process for certification.**
- **Required areas of clinical supervision.**
- **Addiction medicine knowledge requirements for medical directors, physicians and service physicians.**
- **Process for documenting credentials for medical directors, physicians and clinical supervisors.**
- **Changes in assessment and treatment planning requirements.**
- **Redefining all levels of services from prevention to treatment-HFS 75.04-75.15.**
- **Phasing in of HFS 75 changes in the re-certification of services presently certified under HFS 61.50-61.68.**

Chapter HFS 75 has replaced HFS 61.50-61.68 effective August 1, 2000. It is anticipated that the process for implementing HFS 75 will take place during a period of one and one-half to two years from the effective date of the rule. It is the intent of the Bureau of Substance Abuse Services to enhance the quality of services without jeopardizing services. To that end, as services require re-certification, they may be granted a provisional certification for one year if they need more time to comply with HFS 75. New services will immediately need to meet HFS 75 Standards in order to be certified by the Department. The purpose for Administrative Rule HFS 75 is to provide protection to persons receiving substance abuse services, to assure quality of care and continuity of care to persons engaged in services, and to serve as minimum standards in guiding providers of substance abuse services in the delivery of prevention and treatment services.

HFS 75 Administrative Rule Implementation

1. **Certifying services rather than programs.** In the revised rule **a certified service-providing entity** is called a "service" rather than a "program."

   Certifying services allows for flexibility in continuity of care, a key factor in the design of HFS 75, and the basis for including the application of level of care placement criteria in all recommendations involving the patient's initial level of care placement in treatment, continued stay, level of care transfer, and discharge from treatment.

2. **Applicability of HFS 75.** Chapter HFS 75.01 (1) (a), (2) and 75.03 (2) apply to each substance abuse service that receives funds under Ch. 51, Stats., is approved by the state methadone authority, is funded through the department as the federally designated single state agency for substance abuse services, receives substance abuse prevention and treatment funding or other funding specifically designated for providing services described under ss. HFS 75.04 to 75.15 or is a service operated by a private agency that requests certification. **Applicability of HFS 75 to the Intoxicated Driver Program:** The Intoxicated Driver Program rules under HFS 62.01 (3) (c), require IDP assessment facilities to be approved and certified. **The certification of Intoxicated Driver Assessment Services is currently under review by a workgroup of Bureau of Substance Abuse Services staff and Intoxicated Driver Program representatives. The process for Intoxicated Driver Program Certification will be communicated under separate cover when the workgroup review is completed.**

3. **Policy requirements.** A certified service must establish written policies and procedures stating that services will be available and accessible and that, with the exception of the provision of first priority for treatment for pregnant women, no person will be denied service or discriminated against on the basis of sex, race, color, creed, sexual orientation, handicap or age, in accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 USC 2000d, Title XI of the Education Amendments of 1972, 20 USC 1681-1686 and s. 504 of the Rehabilitation Act of 1973, as amended, 29 USC 794, and the Americans with Disabilities Act of 1990, as amended, 42 USC 12101-12213. Note: The term "accessible" referenced above means that the services' physical environment and its services shall be accessible to the patient.

A certified service must state clearly in writing their criteria for determining the eligibility of individuals for admission, with first priority for services given to pregnant women who abuse alcohol or other drugs.

A certified service must develop written policies and procedures stating that in the selection of staff, consideration will be given to each applicant's competence, responsiveness and sensitivity toward and training in serving the characteristics of the service's patient population, including gender, age, cultural background, sexual orientation, developmental, cognitive or communication barriers and physical or sensory disabilities.

A certified service must develop written policies and procedures to ensure that recommendations relating to a patient's initial placement, continued stay, level of care transfer and discharge recommendations are determined through the application of approved placement criteria.

4. **Detoxification services.** Detoxification services in the rules are understood to mean medically necessary treatment services, based on clinical findings, that are directed at managing or monitoring a patient's intoxication or detoxification in order to stabilize the patient's medical risks of alcohol or other drug withdrawal. They are distinguished from rehabilitation treatment services, which implement a patient's treatment and recovery plan. A detoxification service shall develop with each patient a detoxification plan and a discharge plan for the patient that addresses the patient's follow-up service needs determined by application of approved placement criteria, and the provision for referral, escort and transportation to other treatment services, as necessary, to ensure that continuity of care is provided.

5. **Placement criteria.** Written policies and procedures shall ensure that recommendations relating to a patient's initial placement, continued stay, level of care transfer and discharge recommendations are determined through the application of approved placement criteria.

6. **Approved placement criteria** means Wisconsin Uniform Placement Criteria (WI-UPC), American Society of Addiction Medicine Patient Placement Criteria (ASAM), or similar placement criteria that may be approved by the department.

The revised rules incorporate Wisconsin's new Uniform Placement Criteria (WI-UPC), but permit use, alternatively, of patient placement criteria developed by the American Society of Addiction Medicine (ASAM) or any similar patient placement criteria that the department may approve. These criteria provide a uniform way of determining an initial recommendation for initial placement, continued stay, level of care transfer and discharge of a substance abuse patient.

Use of approved placement criteria serves as a contributor to the process of obtaining prior authorization from the treatment service funding source. It does not establish funding eligibility regardless of the funding source. The results yielded by application of these criteria serve as a starting point for further consultations among the provider, patient and payer as to an initial recommendation for the type and amount of services that may be medically necessary and appropriate in the particular case. Use of WI-UPC, ASAM or any other department-approved placement criteria does not replace the need to do a complete assessment and diagnosis of a patient in accordance with DSM-IV.

WI-UPC means Wisconsin Uniform Placement Criteria, a placement instrument that yields a placement recommendation as to an appropriate level of care at which a patient should receive services. The criteria determine if a patient is clinically eligible for substance abuse services and then provide a basis for examining the degree of impairment in specific dimensions of the patient's life.

ASAM patient placement criteria means a set of placement criteria for substance abuse patients published by the American Society of Addiction Medicine.

7. **Clinical supervisor.** A clinical supervisor means any of the following:

   A. A person certified by and in good standing with the Wisconsin Certification Board, Inc., as a certified clinical supervisor.

   B. A physician knowledgeable in addiction treatment.

   C. A psychologist knowledgeable in psychopharmacology and addiction treatment.

   D. A certified independent clinical social worker knowledgeable in psychopharmacology and addiction treatment.

E. A person employed on the basis of personal aptitude, training and experience if that person meets all of the following conditions:

(1) Has completed a suitable period of orientation in areas referenced in s. HFS 75.03, which is documented.

(2) Is knowledgeable in psychopharmacology and addiction treatment and currently has a valid clinical supervision certification development plan that is approved annually by and is on file with the Wisconsin Certification Board, Inc.

(3) Will complete certification within five years of submission of the initial clinical supervision certification development plan to the Wisconsin Certification Board, Inc., except that:

(a) An extension is granted to a clinical supervisor who has submitted his or her case in writing to the Wisconsin Certification Board, Inc., for review and has followed through with the Board's recommendation.

(b) A person with a plan on file on August 1, 2000 shall have five years from August 1, 2000 to become certified as a clinical supervisor.

F. For a period of one year from August 1, 2000, any other person who is knowledgeable in psychopharmacology and addiction treatment and has a minimum of two years of documented experience performing clinical supervision functions as a clinical supervisor of substance abuse counselors may apply to continue working as a Certified Clinical Supervisor-G (grandpersoned) to the Wisconsin Certification Board (WCB), Inc.

Address: Wisconsin Certification Board, Inc., 1233 N. Mayfair Rd., Wauwatosa, WI 53226. Telephone: (414) 774-7729 or (800) 240-7729.

NOTE:

If an applicant who applies to the Wisconsin Certification Board, Inc. (WCB) to be certified under the grandperson provisions in HFS 75.02 (11) (f) is denied certification, the applicant may appeal the WCB's decision to the Department of Health and Family Services, Bureau of Substance Abuse Services Clinical Supervisor Appeals Committee. An appeal process is in place to review and make a binding decision to be communicated to the WCB and the applicant.

8. **Clinical supervision**. Clinical supervision means intermittent face-to-face contact provided on or off the site of a service between a clinical supervisor and treatment staff to ensure that each patient has an individualized treatment plan and is receiving quality care. Clinical supervision functions include auditing of patient files, review and discussion of active cases and direct observation of treatment, supervision in at least the following: counselor development, counselor skill assessment and performance evaluation, staff management and administration, and professional responsibility, and exercising supervision in the core functions identified in the certification standards of the Wisconsin Certification Board, Inc.

General Requirement: All staff who provide clinical supervision to substance abuse counselors shall be knowledgeable in psychopharmacology and addiction treatment. **All Clinical Supervisors must complete Reference Document Form CS # HFS75.02 (11) and place a signed copy with documentation and credentials in their agency's personnel files. Note: This form is available from the BQA Program Certification Unit or the Bureau of Substance Abuse Services.**

The clinical supervisor shall provide a certified substance abuse counselor with not less than 30 minutes of clinical supervision for every 40 hours of counseling rendered. The clinical supervisor shall provide a non-certified or registered alcohol and drug counselor I (RADC I) who has a certification plan on file with the Wisconsin Certification Board, Inc., and any other treatment staff member, except a physician or licensed clinical psychologist, with not less than one hour of clinical supervision for every 40 hours of counseling or other treatment rendered.

9. **Medical director.** Medical director means a physician knowledgeable in the practice of addiction medicine, certified in addiction medicine by the American Society of Addiction Medicine or certified in addiction psychiatry by the American Board of Psychiatry and Neurology, who is employed as the chief medical officer for a service. **Note:** A completed and signed **Reference Document Form MD # HFS75.02 (39) & (63) must be placed in the agency personnel file with supportive documentation and credentials. Note: This form is available from the BQA Program Certification Unit or the Bureau of Substance Abuse Services.**

Note:

A medical director of a certified service who is not certified in addiction medicine or in addiction psychiatry is encouraged to work toward and complete the requirements for certification in addiction medicine by the American Society of Addiction Medicine, or work toward and complete the requirements for certification by the American Board of Psychiatry and Neurology in addiction psychiatry, or develop a staff development plan to complete training in addiction medicine from a recognized course in addiction medicine within three years.

10. **Physician.** Physician or service physician means a person licensed under Ch. 448, Stats., to practice medicine and surgery, who is certified in addiction medicine by the American Society of Addiction Medicine, certified in addiction psychiatry by the American Board of Psychiatry and Neurology or otherwise knowledgeable in the practice of addiction medicine. **Note:** A completed and signed **Reference Document Form MD # HFS75.02 (39) & (63) must be placed in the agency personnel file with supportive documentation and credentials. Note: This form is available from the BQA Program Certification Unit or the Bureau of Substance Abuse Services.**

Note:

A physician providing or supervising addiction treatment in a certified service who is not certified in addiction medicine or in addiction psychiatry is encouraged to work toward and complete the requirements for certification by the American Society of Addiction Medicine in addiction medicine as an addiction specialist, or work toward and complete the requirements for certification by the American Board of Psychiatry and Neurology in addiction psychiatry or develop a staff development plan to complete training in addiction medicine from a recognized course in addiction medicine within three years.

11. **Substance abuse counselor.** Substance abuse counselor or counselor means any of the following:

A. A person certified by the Wisconsin Certification Board, Inc., as an alcohol and drug counselor.

B. A person employed as a counselor on the basis of personal aptitude, training and experience provided that the person meets all of the following conditions:

(1) Has completed a suitable period of orientation in areas referenced in s. HFS 75.03, which is documented.

(2) Has a currently valid counselor certification development plan that is annually approved by and is on

file with the Wisconsin Certification Board, Inc., and is receiving clinical supervision from a clinical supervisor.

(3) Will complete certification within five years of submission of the initial counselor certification development plan to the Wisconsin Certification Board, Inc., except that:

(a) An extension is granted to a counselor who has submitted his or her case in writing to the Wisconsin Certification Board, Inc., for review and has followed through with the board's recommendation.

(b) A counselor with a plan on file on August 1, 2000 shall have five years from August 1, 2000 to become certified.

HFS 75.03 General requirements. (1) APPLICABILITY. The following table establishes the general requirements that apply to the 12 types of community substance abuse services under ss. HFS 75.04 to 75.15. Not all general requirements apply to all services. Table 75.03 indicates the general requirement subsections that apply to specific services.

HFS 75.03
GENERAL REQUIREMENTS
APPLICABLE TO EACH SERVICE
SERVICE

	HFS 75.03 GENERAL REQUIREMENTS	75.04	75.05	75.06	75.07	75.08	75.09	75.10	75.11	75.12	75.13	75.14	75.15
(2)	Certification	X	X	X	X	X	X	X	X	X	X	X	X
(3)	Governing Authority	X	X	X	X	X	X	X	X	X	X	X	X
(4)	Personnel	X	X	X	X	X	X	X	X	X	X	X	X
(5)	Staff Development	X	X	X	X	X	X	X	X	X	X	X	X
(6)	Trng in Mgmt of Suicidal Individuals	X	X	X	X	X	X	X	X	X	X	X	X
(7)	Confidentiality	X	X	X	X	X	X	X	X	X	X	X	X
(8)	Patient Case Records	O	O	X	X	X	X	X	X	X	X	X	X
(9)	Case Records for Emergency Services	O	O	X	X	O	O	O	O	O	O	O	X
(10)	Screening	O	X	X	X	X	X	X	X	X	X	X	X
(11)	Intake	O	O	X	X	X	X	X	X	X	X	X	X
(12)	Assessment	O	O	O	O	O	O	X	X	X	X	X	X
(13)	Treatment Plan	O	O	O	O	O	O	X	X	X	X	X	X
(14)	Staffing	O	O	X	X	X	X	X	X	X	X	X	X
(15)	Progress Notes	O	O	X	X	X	X	X	X	X	X	X	X
(16)	Transfer	O	O	X	X	X	X	X	X	X	X	X	X
(17)	Discharge or Termination	O	O	X	X	X	X	X	X	X	X	X	X
(18)	Referral	X	X	X	X	X	X	X	X	X	X	X	X
(19)	Follow-up	O	O	X	X	X	X	X	X	X	X	X	X
(20)	Service Evaluation	X	X	X	X	X	X	X	X	X	X	X	X
(21)	Communicable Disease Screening	O	O	X	X	X	X	X	X	X	X	X	X
(22)	Unlawful Substance Use	X	X	X	X	X	X	X	X	X	X	X	X
(23)	Emergency Shelter and Care	O	O	X	X	O	X	X	X	O	O	X	O
(24)	Death Reporting	O	X	X	X	X	X	X	X	X	X	X	X

X = required O = not required

General Requirement. All staff who provide substance abuse counseling, except physicians knowledgeable in the practice of addiction medicine and psychologists knowledgeable in psychopharmacology and addiction treatment, shall be substance abuse counselors.

A clinical supervisor who meets the requirements of a substance abuse counselor may provide direct counseling services in addition to his or her supervisory responsibilities.

General Requirement: All staff who provide mental health treatment services to dually diagnosed clients shall meet the appropriate qualifications of a mental health professional outlined in appendix B.

12. **Staff development.** Staff development means activities designed to improve staff competency and job performance, which may include the following:

    A. Orientation that includes learning activities that provide understanding of the contextual relationship of concepts, ideas and processes required for job performance.

    B. Education that includes learning activities that provide cognitive information to build the knowledge base required for improving job performance.

    C. Training that includes learning activities that develop knowledge, skills and attitudes aimed at changing behaviors to enhance or improve job performance.

13. **Training Staff in Assessment and Management of Suicidal Individuals.** Each service shall have a written policy requiring each new staff person who may have responsibility for assessing or treating patients who present significant risks for suicide to do one of the following:

    A. Receive documented training in assessment and management of suicidal individuals within two months after being hired by the service.

    B. Provide written documentation of past training or supervised experience in assessment and management of suicidal individuals.

        (1) Staff who provide crisis intervention or are on call to provide crisis intervention shall, within one month of being hired to provide these services, receive specific training in crisis assessment and treatment of persons presenting a significant risk for suicide or document that they have already received the training. The service shall have written policies and procedures covering the nature and extent of this training to ensure that crisis and on-call staff will be able to provide the necessary services given the range of needs and symptoms generally exhibited by patients receiving care through the service.

        (2) Staff employed by the service on the effective date of this chapter [August 1, 2000] shall either receive training in assessment and management of suicidal individuals within one year from that date or provide documentation of past training.

14. Treatment. Treatment means the planned provision of services that are sensitive and responsive to a patient's age, disability, if any, gender and culture, and that are conducted under clinical supervision to assist the patient through the process of recovery.

Note:

Treatment functions include screening, application of approved placement criteria, intake, orientation, assessment, individualized treatment planning, intervention, individual or group and family counseling, referral, discharge planning, aftercare or continuing care, record keeping, consultation with other professionals regarding the patient's treatment services, recovery and case management, and may include crisis intervention, client education, employment and problem resolution in life skills functioning.

15. **Intervention.** Intervention means a process of interrupting an action or a behavior that is harmful to treatment progress and recovery. "Intervention" may be included in, but is not limited to, a formal substance abuse treatment service, an educational program, an employee assistance program, an intoxicated driver assessment under ch. HFS 62, the application of uniform placement qualifying criteria, or consultation provided to non-substance abuse treatment professionals.

    Intoxicated Driver Program Assessment Services under Chapter HFS 62 were previously certified under HSS 61.54 Intervention. **The certification of Intoxicated Driver Assessment Services is currently under review by a workgroup of Bureau of Substance Abuse Services staff and Intoxicated Driver Program representatives. The process for Intoxicated Driver Program Certification will be communicated under separate cover when the workgroup review is completed.**

16. **Transitional Residential Treatment Service.** Admission to a transitional residential treatment service is appropriate only for one of the following reasons:

    A. The person was admitted to and discharged from one or more services under s. HFS 75.10, 75.11, 75.12 or 75.13 within the past 12 months or is currently being served under either s. HFS 75.12 or 75.13.

    B. The person has an extensive lifetime treatment history and has experienced at least two detoxification episodes during the past 12 months, and one of the following conditions is met:

        (1) The person to be admitted is determined appropriate for placement in this level of care by the application of approved placement criteria.

        (2) The person to be admitted is determined appropriate for this level of care through the alternative placement recommendations of WI-UPC or other approved placement criteria.

17. **Assessment.** Staff of a service shall assess each patient through screening interviews, data obtained during intake, counselor observation and talking with people who know the patient. Information for the assessment shall include all of the following:

    A. The substance abuse counselor's evaluation of the patient and documentation of psychological, social and physiological signs and symptoms of substance abuse and dependence, mental health disorders and trauma, based on criteria in DSM-IV

    B. The summarized results of all psychometric, cognitive, vocational and physical examinations taken for, or as a result of, the patient's enrollment into treatment.

        (1) The counselor's recommendations for treatment shall be included in a written case history that includes a summary of the assessment information leading to the conclusions and outcomes determined from the counselor's evaluation of the patient's problems and needs.

(2) If a counselor identifies symptoms of a mental health disorder and/or trauma in the assessment process, the service shall refer the individual for a mental health assessment conducted by a mental health professional.

(3) If a counselor identifies symptoms of physical health problems in the assessment process, the service shall refer the individual for a physical health assessment conducted by medical personnel.

(4) Initial assessment shall be conducted for treatment planning. The service shall implement an ongoing process of assessment to ensure that the patient's treatment plan is modified if the need arises as determined through a staffing at least every 30 days.

18. **Treatment Plan.** Treatment plan or plan means identified and ranked goals and objectives and resources agreed upon by the patient, the counselor and the consulting physician to be utilized in facilitation of the patient's recovery.

Treatment Plan General Requirement: A service shall develop a treatment plan for each patient. A patient's treatment plan shall be based on the assessment under sub. (12) and a discussion with the patient to ensure that the plan is tailored to the individual patient's needs. The treatment plan shall be developed in collaboration with other professional staff, the patient and, when feasible, the patient's family or another person who is important to the patient, and shall address culture, gender, disability, if any, and age-responsive treatment needs related to substance use disorders, mental disorders and trauma. The patient's participation in the development of the treatment plan shall be documented. The treatment plan shall be reviewed and signed first by the clinical supervisor and the counselor and secondly reviewed and signed by the patient and the consulting physician.

19. **Service Evaluation.** A service shall have an evaluation plan. The evaluation plan shall include all of the following:

A. A written statement of the service's goals, objectives and measurable expected outcomes that relate directly to the service's patients or target population.

B. Measurable criteria and a statistical sampling protocol which are to be applied in determining whether or not established goals, objectives and desired patient outcomes are being achieved.

C. A process for measuring and gathering data on progress and outcomes achieved with respect to individual treatment goals on a representative sample of the population served, and evaluations of some or all of the following patient outcome areas but must include at least **#1, 2, 3 and 6 below**:

(1) Living situation.

(2) Substance use.

(3) Employment, school or work activity.

(4) Interpersonal relationships.

(5) Treatment recidivism.

(6) Criminal justice system involvement.

(7) Support group involvement.

(8) Patient satisfaction.

(9) Retention in treatment.

(10) Self-esteem.

(11) Psychological functioning.

D. Methods for evaluating and measuring the effectiveness of services and using the information for service improvement.

(1) A service shall have a process in place for determining the effective utilization of staff and resources toward the attainment of patient treatment outcomes and the service's goals and objectives.

(2) A service shall have a system for regular review of the appropriateness of the components of the treatment service and other factors that may contribute to the effective use of the service's resources.

(3) A service shall obtain a completed patient satisfaction survey from a representative sample of all patients at or following their discharge from the service. The service shall keep all satisfaction surveys on file for two years and shall make them available for review by authorized representatives of the department upon request.

(4) A service shall collect data on patient outcomes at patient discharge and may collect data on patient outcomes after discharge.

(5) The service director shall complete an annual report on the service's progress in meeting goals, objectives and patient outcomes, and shall keep the report on file and shall make it available for review to an authorized representative of the department upon request.

(6) The governing authority or legal owner of the service and the service director shall review all evaluation reports and make changes in service operations, as appropriate.

(7) If a service holds current accreditation from a recognized accreditation organization, such as the joint commission on accreditation of health organizations, the commission on accreditation of rehabilitation facilities or the national committee for quality assurance, the requirements under this section may be waived by the department.

20. **Prevention.** Prevention means a process that provides people with the resources necessary to confront stressful life conditions and avoid behaviors that could result in negative physical, psychological or social outcomes.

Prevention service means an integrated combination of universal, selective and indicated measures that use a variety of strategies in order to prevent substance abuse and its effects.

Prevention measures means preventive interventions that use a combination of prevention strategies to affect three population groups, as follows:

A. Universal prevention measures are designed to affect a general population.

B. Selective prevention measures are designed to target sub-groups of the general population distinguished by age, gender, occupation, culture or other obvious characteristics whose members are at risk for developing substance abuse problems.

C. Indicated prevention measures are designed to affect persons who, upon substance abuse screening, are

found to manifest a risk factor, condition or circumstance of daily living that identifies them individually as at risk for substance abuse and in need of supportive interventions.

Prevention strategy means activities targeted to a specific population or the larger community that are designed to be implemented before the onset of problems as a means to prevent substance abuse or its detrimental effects from occurring.

Preventive intervention means any strategy or action directed at a population or person not at the time suffering from any discomfort or disability due to the use of alcohol or another substance, but identified as being at high risk to develop problems associated either with his or her own use of alcohol or other substances or another person's use of alcohol or other substance.

21. HFS 75.15 **Narcotic treatment service for opiate addiction.** A narcotic treatment service for opiate addiction provides for the management and rehabilitation of selected narcotic addicts through the use of methadone or other FDA-approved narcotics and a broad range of medical and psychological services, substance abuse counseling and social services. Methadone and other FDA-approved narcotics are used to prevent the onset of withdrawal symptoms for 24 hours or more, reduce or eliminate drug hunger or craving and block the euphoric effects of any illicitly self-administered narcotics while the patient is undergoing rehabilitation.

To receive certification from the department under this chapter, a narcotic treatment service for opiate addiction shall comply with all requirements included in s. HFS 75.03 and all requirements included in s. HFS 75.13 that apply to a narcotic treatment service for opiate addiction, as shown in Table 75.03, and, in addition, a narcotic treatment service for opiate addiction shall comply with the requirements of this section. If a requirement in this section conflicts with an applicable requirement in s. HFS 75.03, the requirement in this section shall be followed.

The following definitions are used in this section:

A. "Biochemical monitoring" means the collection and analysis of specimens of body fluids, such as blood or urine, to determine use of licit or illicit drugs.

B. "Central registry" means an organization that obtains from two or more methadone programs patient identifying information about individuals applying for maintenance treatment or detoxification treatment for the purpose of preventing an individual's concurrent enrollment in more than one program.

C. "Clinical probation" means the period of time determined by the treatment team that a patient is required to increase frequency of service attendance.

D. "Initial dosing" means the first administration of methadone or other FDA-approved narcotic to relieve a degree of withdrawal and drug craving of the patient.

E. "Mandatory schedule" means the required dosing schedule for a patient and the established frequency that the patient must attend the service.

A narcotic treatment service for opiate addiction shall designate a physician licensed under ch. 448, Stats., as its medical director. The physician shall be readily accessible and able to respond in person in a reasonable period of time, not to exceed 45 minutes.

A. The service shall have a registered nurse on staff to supervise the dosing process and perform other functions delegated by the physician.

B. The service may employ nursing assistants and related medical ancillary personnel to perform functions permitted under state medical and nursing practice statutes and administrative rules.

C. The service shall employ certified substance abuse counselors or registered alcohol and drug counselors who are under the supervision of a clinical supervisor on a ratio of at least one to 50 patients in the service or fraction thereof.

D. The service shall have at least one clinical supervisor on staff to provide ongoing clinical supervision of the counseling staff or a person outside the agency who is certified by the Wisconsin Certification Board, Inc., as a certified clinical supervisor and who by a written agreement will provide ongoing clinical supervision of counseling staff. The clinical supervisor shall provide a certified substance abuse counselor with not less than 30 minutes of clinical supervision for every 40 hours of counseling rendered. The clinical supervisor shall provide a registered alcohol and drug counselor I (RADC I) who has a certification plan on file with the Wisconsin Certification Board, Inc., and any other treatment staff member, except a physician or licensed clinical psychologist, with not less than one hour of clinical supervision for every 40 hours of counseling or other treatment rendered.

The clinical supervisor shall provide supervision and performance evaluation of substance abuse counselors in the core functions identified in the certification standards of the Wisconsin Certification Board, Inc., and shall exercise supervisory responsibility over substance abuse counselors in regard to at least the following: counselor development, counselor skill assessment and performance evaluation, staff management and administration, and professional responsibility.

Admission criteria. For admission to a narcotic addiction treatment service for opiate addiction, a person shall meet all of the following criteria as determined by the service physician:

A. The person is physiologically and psychologically dependent upon a narcotic drug that may be a synthetic narcotic.

B. The person has been physiologically and psychologically dependent upon the narcotic drug not less than one year before admission.

C. In instances where the presenting drug history is inadequate to substantiate such a diagnosis, the material submitted by other health care professionals indicates a high degree of probability of such a diagnosis, based on further evaluation.

D. When the person receives health care services from outside the service, the person has provided names, addresses and written consents for release of information from each health care provider to allow the service to contact the providers, and agrees to update releases if changes occur.

(1) *Voluntary treatment.* Participation in narcotic addiction treatment shall be voluntary.

(2) *Explanation*. Service staff shall clearly and adequately explain to the person being admitted all relevant facts concerning the use of the narcotic drug used by the service.

(3) Consent. The service shall require a person being admitted to complete the most current version of FDA form 2635, "Consent to Narcotic Addiction Treatment."

Note:

For copies of FDA Form 2635, Consent to Narcotic Addiction Treatment, a service may write to Commissioner, Food and Drug Administration, Division of Scientific Investigations, 5600 Fishers Lane, Rockville, MD 20857.

(4) *Examination.* For each applicant eligible for narcotic addiction treatment, the service shall arrange for completion of a comprehensive physical examination, clinically indicated laboratory work-up prescribed by the physician, psycho-social assessment, initial treatment plan and patient orientation during the admission process.

(5) *Initial dose.* If a person meets the admission criteria under par. (a), an initial dose of narcotic medication may be administered to the patient on the day of application.

(6) *Distance of service from residence.* A person shall receive treatment at a service located in the same county or at the nearest location to the person's residence, except that if a service is unavailable within a radius of 50 miles from the patient's residence, the patient may, in writing, request the state methadone authority to approve an exception. In no case may a patient be allowed to attend a service at a greater distance to obtain take-home doses.

(7) *Non-residents.* A self-pay person who is not a resident of Wisconsin may be accepted for treatment only after written notification to the Wisconsin state methadone authority. Permission shall be obtained before initial dosing.

(8) *Central registry.* The service shall participate in a central registry, or an alternative acceptable to the state methadone authority, in order to prevent multiple enrollments in detoxification and narcotic addiction treatment services for opiate addiction. The central registry may include services and programs in bordering states.

The service shall make a disclosure to the central registry whenever any of the following occurs:

(a) A person is accepted for treatment.

(b) The person is disenrolled in the service.

(c) The disclosure shall be limited to:

(d) Patient-identifying information.

(e) Dates of admission, transfer or discharge from treatment.

A disclosure shall be made with the patient's written consent that meets the requirements of 42 CFR Part 2, relating to alcohol and drug abuse patient records, except that the consent shall list the name and address of each central registry or acceptable alternative and each known detoxification or narcotic treatment service for opiate addiction to which a disclosure will be made.

(9) *Medical services.*

(a) A service may not provide any medical services not directly related to narcotic treatment. If a patient has medical service needs that are not directly related to narcotic treatment, the service shall refer the patient for appropriate health care.

(b) The medical director of a service is responsible for all of the following:

1) Administering all medical services provided by the service.

2) Ensuring that the service complies with all federal, state, and local statutes, ordinances and regulations regarding medical treatment of narcotic addiction.

3) Ensuring that evidence of current physiological or psychological dependence, length of history of addiction and exceptions as granted by the state methadone authority to criteria for admission are documented in the patient's case record before the initial dose is administered.

4) Ensuring that a medical evaluation including a medical history and a physical examination have been completed for a patient before the initial dose is administered.

5) Ensuring that appropriate laboratory studies have been performed and reviewed.

6) Signing or countersigning all medical orders as required by federal or state law, including all of the following:

a) Initial medical orders and all subsequent medical order changes.

b) Approval of all take-home medications.

c) Approval of all changes in frequency of take-home medication.

d) Prescriptions for additional take-home medication for an emergency situation.

7) Reviewing and countersigning each treatment plan 4 times annually.

8) Ensuring that justification is recorded in the patient's case record for reducing the frequency of service visits for observed drug ingesting and providing additional take-home medication under exceptional circumstances or when there is physical disability, as well as when any medication is prescribed for physical health or psychiatric problems.

9) The amount of narcotic drug administered or dispensed, and for recording, signing and dating each change in the dosage schedule in a patient's case record.

a) A service physician is responsible for all of the following:

(1) Determining the amount of the narcotic drug to be administered or dispensed and recording, signing and dating each change in a patient's dosage schedule in the patient's case record.

(2) Ensuring that written justification is included in a patient's case record for a daily dose greater than 100 milligrams.

(3) Approving, by signature and date, any request for an exception to the requirements under sub. (11) relating to take-home medications.

(4) Detoxification of a patient from narcotic drugs and administering the narcotic drug or authorizing an agent to administer it under physician supervision and physician orders in a manner that prevents the onset of withdrawal symptoms.

(5) Making a clinical judgment that treatment is medically justified for a person who has resided in a penal or chronic care institution for one month or longer, under the following conditions:

(a) The person is admitted to treatment within 14 days before release or discharge or within 6 months after release without documented evidence to support findings of physiological dependence.

(b) The person would be eligible for admission if he or she were not incarcerated or institutionalized before eligibility was established.

(c) The admitting service physician or service personnel supervised by the service physician records in the new patient's case record evidence of the person's prior residence in a penal or chronic care institution and evidence of all other findings of addiction.

(d) The service physician signs and dates the recordings under subd. 5. c. before the initial dose is administered to the patient or within 48 hours after administration of the initial dose to the patient.

(e) A patient's history and physical examination shall support a judgment on the part of the service physician that the patient is a suitable candidate for narcotic addiction treatment.

(f) A service shall provide narcotic addiction treatment to a patient for a maximum of 2 years from the date of the person's admission to the service, unless clear justification for longer service provision is documented in the treatment plan and progress notes. Clear justification for longer service shall include documentation of all of the following:

(1) The patient continues to benefit from the treatment.

(2) The risk of relapse is no longer present (The risk of relapse is discontinued).

(3) The patient exhibits no side effects from the treatment.

(4) Continued treatment is medically necessary in the professional judgment of the service physician.